

AT9-98-346



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OFFICE OF PETITIONS

In re application of: Alan C. Perkins et al.

Serial No.: 09/232,622

Group No.: 2173

Filed: January 19, 1999

Examiner: K. Vu

For: TREE-BASED INTERFACE APPARATUS FOR DISPLAY OF CALL DEPENDENCIES AND METHOD THEREFOR

Box AF
Assistant Commissioner for Patents
Washington, D.C. 20231

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES**

Applicants hereby appeal to the Board from the decision of the Primary Examiner mailed July 3, 2001 finally rejecting claims 1-30.

The item(s) checked below are appropriate:

1. STATUS OF APPLICANTS

This application is on behalf of

☒ other than a small entity.

☐ a small entity.

A verified statement

☐ is attached.

☐ was already filed on _____.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. § 1.17(e), the fee for filing the Notice of Appeal is:

☐ small entity \$160.00

☒ other than a small entity \$320.00

Notice of Appeal fee due: \$320.00

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CERTIFICATE OF MAILING (37 CFR 1.8(a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Box AF, Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 5/1/02

Serena Beller

(Type or print name of person mailing paper)

Serena Beller

(Signature of person mailing paper)

06/03/2002 AWONDAF1 00000146 090447 09838922

02 50:119 320.00 CH

3. FEE FOR FILING NOTICE OF APPEAL

NOTE: The time periods set forth in 37 CFR 1.191 are subject to the provision of § 1.136 for patent applications 37 CFR 1.191(d). (But see 37 CFR 1.645 for extension of time in interference proceedings and 37 CFR 1.5508 for extension of time in reexamination proceedings).

(complete (a) or (b) as applicable)

The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

- (a) ☐ Applicants petition for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d)) for the total number of months checked below:

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 400.00	\$200.00
<input type="checkbox"/> three months	\$ 920.00	\$460.00
<input type="checkbox"/> four months	\$1,440.00	\$720.00
Fee		\$ 0.00

If an additional extension of time is required please consider this a petition therefor.

(check and complete the next item, if applicable)

- ☐ An extension for _____ month(s) has already been secured and the fee paid therefor of \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

or

- (b) ☒ Applicants believe that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicants have inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$320.00

Extension fee (if any) \$0.00

5. FEE PAYMENT

- ☐ Attached is a check in the sum of \$ 0.00.
☒ Charge Account No. 09-0447 (AT9-98-346) the sum of \$320.00 for the Notice of Appeal.

A photocopy of this document is attached.

6. FEE DEFICIENCY

NOTE: *If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, 1065 O.G. 31-33.*

☒ If any additional extension and/or fee is required charge Account No. 09-0447 (AT9-98-346).

AND/OR

☒ If any additional fee for claims is required, charge Account No. 09-0447 (AT9-98-346).

A copy of this document is attached.

Reg. No.: 41,527


SIGNATURE OF ATTORNEY

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